

LOCUST GROVE RECREATION ASSOCIATION (LGRA)
PLAYING UP AGE DIVISION WAIVER & LIABILITY RELEASE



Baseball & Softball Programs

This waiver must be completed and signed by a parent or legal guardian for any player requesting to participate in an age division above their natural age group.

Player Information

Player Name: _____ Date of Birth: _____
Requested Age Division: _____ Sport (Circle One): Baseball / Softball
Parent/Guardian Name: _____ Phone Number: _____
Email Address: _____

Acknowledgment of Risk

I understand that allowing my child to “play up” in an older age division involves inherent risks, including increased physical contact, speed of play, and risk of serious injury. I understand that these risks cannot be eliminated and participation is voluntary.

Assumption of Risk

I knowingly assume all risks associated with my child playing in an older age division, even those arising from negligence of others. I also understand that per the HCPR rulebook, once I sign my child to “play up” he/she cannot play in a younger age division for the remainder of the current season.

Release of Liability & Indemnification

I release and hold harmless Locust Grove Recreation Association (LGRA), its officers, board members, coaches, volunteers, and affiliates from all claims or liability related to participation.

Medical Responsibility

I certify that my child is physically able to participate and that I am responsible for all medical expenses.

Parent/Guardian Certification

Signature: _____ Printed Name: _____
Date: _____

Coach Acknowledgment & Approval

I acknowledge that I have reviewed this player's request and believe the player is capable of participating safely at this level.

Coach Name: _____ Team/Division: _____
Coach Signature: _____ Date: _____
LGRA Representative Signature (if required): _____
Date: _____